

10/800759

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.:

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
4						
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	36					
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						